



**STATEMENT OF PERMANENT/TEMPORARY DISABILITY
FOR ELIGIBILITY TO USE A CROSSBOW OR OTHER BOWS
DRAWN OR HELD BY A MECHANICAL DEVICE FOR HUNTING**

This form is to be filled out and signed only by a licensed physician. It is for use in determining eligibility to use a crossbow or other bows drawn or held by a mechanical device for hunting according to the guidelines set forth by the Tennessee Wildlife Resources Agency. **Only the conditions listed below legally qualify an applicant for a crossbow permit.**

PATIENT'S NAME (PRINT): _____

PATIENT'S ADDRESS: _____

_____ ZIP _____

THIS PERSON HAS THE FOLLOWING DISABILITY: (Initial only the section that applies.)

_____ A. PERMANENT CONDITION - PERMIT VALID AS LONG AS DISABILITY EXISTS

_____ 1. Is incapable of pulling a conventional or compound bow as determined by a licensed physician.

_____ B. TEMPORARY CONDITION - PERMIT VALID FOR CURRENT BIG GAME HUNTING SEASON
(I certify that this condition does, or will exist during the period of September 1, 20____ through February 15, 20____.)

_____ 1. Is incapable of pulling a conventional or compound bow as determined by a licensed physician.

NAME OF PHYSICIAN (Type or Print): _____

PHYSICIAN'S TENNESSEE MEDICAL LICENSE NUMBER: _____

PHYSICIAN'S TELEPHONE NUMBER: (_____) _____ - _____

PHYSICIAN'S ADDRESS: _____

_____ ZIP _____

PHYSICIAN'S SIGNATURE _____ DATE _____

CROSSBOW PERMIT

The use of a crossbow by the patient listed above is authorized only during a big game season when archery tackle is legal. This signed statement must be carried by the hunter at all times while hunting with a crossbow. All other required licenses and permits must accompany this authorization. Incomplete or unsigned statements invalidate this permit. Giving false information as to disability is in violation of Tennessee Code Annotated 70-2-104(b).